

# PROJECT EXPLORATION: SCIENCE INSTITUTE – SUMMER 2014

## PARTICIPANT INFORMATION

Name:			Date of birth:	
School:		Grade (2014-2015):		T-shirt size:
Current address:				
City:	State:	ZIP Code:	Girl Scout Member? (Y/N)	Troop #:

## PARENT/GUARDIAN INFORMATION (1)

Parent/Guardian Name:		
Employer:		
Cell Phone:	Work Phone:	Home Phone:
E-mail Address:		

## PARENT/GUARDIAN INFORMATION (2)

Parent/Guardian Name:		
Employer:		
Cell Phone:	Work Phone:	Home Phone:
E-mail Address:		

## EMERGENCY CONTACT

Name of a relative/friend not residing with participant:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

Registration is limited to 150 participants and will be chosen by a lottery system. **All registration packets must be complete and received by Friday, May 2, 2014** to be considered for the lottery. For registration of the aforementioned participant to be considered complete, the following forms must be completed:

- ✓ Participant Information (this form)
- ✓ Health and Medical History
- ✓ Behavior Contract
- ✓ Liability Waiver
- ✓ Photo Release

Project Exploration: A week-long Science Institute at Alvernia University runs from **Monday, July 7 - Friday, July 11, 2014** from 9:00 am - 4:30 pm.

Participants may be dropped off no earlier than 8:30 am and must be picked up by 5:00 pm.

Please send completed and signed registration packets to [project.exploration@alvernia.edu](mailto:project.exploration@alvernia.edu) or to the Holleran Center for Community Engagement, Alvernia University, 400 Saint Bernardine Street, Reading, PA 19607-1737.

## SIGNATURES

I understand the above and authorize that the information presented here is up-to-date and accurate. I will notify the staff if changes to this information (including phone numbers) need to be made at any time before and during Project Exploration: Science Institute 2014.

Name of parent/guardian:	
Signature of parent/guardian:	Date:

## Project Exploration: Science Institute Alvernia University – Health and Medical History

This report will aid staff in providing the best possible health care while your child is attending Project Exploration at Alvernia University. The information is strictly confidential. The parent's signature is necessary for permission for treatment.

Last Name	First Name	Middle Name	Sex	Age
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Home Address (Street and Number)	City	State	Zip Code
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Parent/Guardian Name	Cell Phone	Business Phone	Home Phone
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Parent/Guardian Name	Cell Phone	Business Phone	Home Phone
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Person to contact in case of emergency (other than parent/guardian)	Phone Number
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Please list any medical conditions that you would like us to be aware of so that we can act appropriately in case of a medical emergency: \_\_\_\_\_

Please list all allergies to food, medications or environmental agents that your child has and the reaction seen and treatment for:

Please list all medications that your child is currently taking: \_\_\_\_\_

Does your child carry an Epi-Pen? Y    N    If Yes, what is the allergy? \_\_\_\_\_

Does your child carry an inhaler? Y    N    If Yes, for what reason? \_\_\_\_\_

Anything else we should know? \_\_\_\_\_

**CONSENT GIVEN:** If my child needs emergency medical care and no parent/guardian or emergency contact can be reached, I give my consent for the transportation of my child by ambulance and the administration of any treatment deemed necessary by a licensed medical professional.

Please circle one -                      Yes                      No

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Project Exploration: Science Institute

## Official Behavior Contract

To the Student: The purpose of this contract is to insure you understand the rules regulations and expectations associated with the programs sponsored by Alvernia University. By reading and signing this contract you will affirm your understanding of the rules and regulations and indicate your willingness to follow each one.

Areas of High Expectations:

- RESPECT- I will show respect to fellow students, teachers, supervisors, guest speakers, and all other university personnel at all times. This means that I will be courteous, considerate, and cooperative in all my dealings with others.
- POSITIVE ATTITUDE- I will keep a positive attitude as I experience the various parts of the programs. This means finding something "good" in each part of the program and using that to motivate behaviors that enhance learning, promote caring, create respect, and in other ways build my character.
- CORE VALUES – I will learn about, understand, and follow the core values of Alvernia University. The core values are as follows service, humility, peacemaking, contemplation, and collegiality.

Behaviors Which Will Get You Dismissed from Project Exploration and Sent Home:

- Fighting
- Possession or use of drugs or alcohol
- Possession of any weapons, pepper/ mace sprays, etc.
- Disrespect to any teacher, supervisor, or university staff member
- Unwillingness to cooperate and do what you are supposed to do in connection with this program
- Harassment of another student
- Causing physical damage to university property.
- **Special Note:** You will be held financially responsible for any damage that is done.
- Leaving the campus at any time without university supervision
- Stealing of property
- Being in restricted areas of the university or program locations

Things You Need to Report to **Adults** or Supervisors:

- Any harassment that you experience
- Any health problems that affect your participation.
- Anything that troubles you about the program

*Please note that all rules, regulations, and expectations are in effect for both on campus and off campus activities which are part of the total program.*

By signing this document, I affirm that I have read the rules, regulations, and expectations. I understand what I have read and approve of the rules, regulations, and expectations as outlined. The signatures below verify the approval of the behavioral contract between participants in Project Exploration and Alvernia University.

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Name of Student

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Name of Parent/Guardian

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Student Signature and Date

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Parent/Guardian Signature and Date

**ALVERNIA UNIVERSITY**  
**400 St. Bernardine Street | Reading, Pennsylvania 19607**

**RELEASE AND INDEMNIFICATION AGREEMENT**

**PARTICIPANT:** (name)

**DESCRIPTION OF TRIP/ACTIVITY:** 2014 Project Exploration: Science Institute

I, the above named Participant, or the parent and/or legal guardian of the Participant listed above, am at least eighteen years of age and am fully competent to sign this Agreement. I have voluntarily chosen to participate or to allow my child to participate in the above-referenced Activity. I acknowledge that the Participant's involvement in this activity may expose the Participant to hazards or risks that may result in illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my voluntary participation in the Activity, I hereby accept all risk to the Participant's health and of their injury which may result from such participation and I hereby release Alvernia University, its governing board, officers, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to Participant, including death, that may result from or occur during participation in the Activity, whether caused by the negligence of Alvernia University, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless Alvernia University and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from the negligent or intentional acts or omissions of the Participant while participating in the described Activity.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR INJURY TO THE PARTICIPANT OR DAMAGE TO THEIR PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH TO ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY THE PARTICIPANT'S NEGLIGENCE OR INTENTIONAL ACTS OR OMISSIONS.**

\_\_\_\_\_  
Signature of Participant/Parent or Legal Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Participant/Parent or Legal Guardian

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Date Participant Signed

\_\_\_\_\_  
Date Witness Signed

**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_  
Who to Contact in Case of an Emergency

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

**PHOTO RELEASE FOR PROJECT EXPLORATION: SCIENCE INSTITUTE 2014  
ALVERNIA UNIVERSITY**

I, (print parent/guardian name) \_\_\_\_\_,  
give Alvernia University and Carpenter Technology Corporation absolute right and permission  
to use my child's photograph in its promotional materials and publicity efforts. I understand  
that the photographs may be used in publications, print ads, direct-mail pieces, electronic  
media (e.g. video, CD-ROM, internet/WWW), or other forms of promotion. I release the  
University, Carpenter, the photographer, their offices, employees, agents, and designees from  
liability for any violations of any personal or proprietary right I may have in connection with  
such use.

Child's Name \_\_\_\_\_

Parent's Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_